24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
New Prosperity Foundation; The	
	C C00488494
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
XPS Professional Services	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 E Adams St	Amount
Suite 200	
City State Zip Code	10000.00
Springfield IL 62701	Transaction ID : SE.5315 Date of Disbursement or Obligation
Purpose of Expenditure Advertising - Digital Category/ Type	11 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 10
ROBERT JAMES MR. DOLD JR. Oppose	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For:
Full Name of Payee XPS Professional Services	Date of Public Distribution/Dissemination
Mailing Address 220 E Adams St	12 01 2015
Suite 200	Amount
City State Zip Code	10000.00
Springfield IL 62701	Transaction ID : SE.5314 Date of Disbursement or Obligation
Purpose of Expenditure Advertising Digital	Mam / Dab / Yayayay
Advertising - Digital Type	11 30 2015
Name of Federal Candidate Support Office	e Sought: X House District: 15
JOHN M SHIMKUS Oppose	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought Disbrace 2016	ursement For:
-	
(a) SUBTOTAL of Itemized Independent Expenditures	20000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	20000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	• • •
Bato	1 30 2015
Signature	